



DENTAL BOARD OF CALIFORNIA
 1432 Howe Avenue, Suite 85, Sacramento CA 95825-3241
 Telephone: (916) 263-2300
 Fax: (916) 263-2140



APPLICATION TO ESTABLISH ELIGIBILITY FOR LICENSURE BY CREDENTIAL

Business & Professions Code, Section 1635.5

www.dbc.ca.gov

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passport photo
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OFFICIAL USE ONLY

Receipt # _____ RC# _____

Fees: Application _____

Fingerprints _____

Date Cashiered _____

Instructions for completing and filing this application are enclosed. Please read carefully and answer each question fully. Falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license.

FEES (NON-REFUNDABLE): Application \$283

Fingerprint Cards - \$56

(If Live Scan, pay to Live Scan Processor)

You may attach supplemental pages to this application, if needed. Put your name at the top and clearly indicate which item(s) you are supplementing.

Please type or print legibly				
1. NAME: Last		First	Middle	Social Security Number
2. List other names you have used. See Instructions for supporting documents needed.			4. Birthdate: (mo/day/yr) _____	
3. Address (including City/State/Zip)			Sex: _____ M _____ F	
			Telephone/FAX Numbers	
			()	
			()	
			()	
5. List state(s) in which you are, or have ever been, licensed to practice dentistry. You must have at least one active, current license to practice dentistry.			Dates of practice in licensing agency's jurisdiction	
State	License Number	Date of Issue	From (Mo/Yr)	To (Mo/Yr)

NOTE: Each state in which you are, or have ever been licensed, must complete form LBC-2, License Certification.

6. CLINICAL PRACTICE AND/OR SUBSTITUTE REQUIREMENTS - B&P § 1635.5(a)(1)

6a. Using form LBC-3, list clinical practice (Required: 1,000 hours clinical practice per year for five years preceding application date.)

<p>6b. PRIOR FULL TIME SCHOOL FACULTY AFFILIATION - B&P Code § 1635.5(a)(3). Full-time faculty practice must have been a minimum of 1,000 hours per year. <i>Prior</i> full time faculty practice may be combined with <i>prior</i> clinical practice time to meet the 5-year requirement. You must provide a copy of your prior employment contract(s) with the accredited dental education program. Refer to the instructions for this item.</p>			
Name and address of educational institution(s)	Name of accredited dental education program	Number of hours per year as a full-time faculty member	Number of years as a full-time faculty member
<p>6c. RESIDENCY PROGRAM(S) - You may receive credit for two of the five years of clinical practice by showing completion of a residency program. Using form LBC-3, document clinical practice for a minimum of 1,000 hours per year for at least three years, and provide your original certificate of completion of a residency program, or a <u>notarized</u> copy. B&P Code § 1635.5(a)(3)(A). Refer to the instructions for this item.</p>			
Name and address of educational institution(s)	Date(s) of attendance (show exact dates)	Area of post-graduate study (Name of discipline)	Are you: Board Eligible? Board Diplomate?
<p>6d. TWO YEARS OF CLINICAL PRACTICE OR A RESIDENCY PROGRAM, AND A PENDING CONTRACT TO PRACTICE - Using form LBC-3, document clinical practice of a minimum of 1,000 hours per year for at least two years, or proof of a completed residency program, <u>and</u> provide a copy of an executed contract to practice in one of the settings described in B&P Code § 1635.5(a)(3)(B). Refer to the instructions for this item.</p>			
Name of Facility	Date Contract Signed	Duration of Contract	
<p>6e. TWO YEARS OF CLINICAL PRACTICE OR A RESIDENCY PROGRAM, AND A PENDING CONTRACT TO TEACH - Using form LBC-3, document clinical practice of a minimum of 1,000 hours per year for at least two years, or proof of a completed residency program, <u>and</u> provide a copy of an executed teaching contract. Refer to instructions.</p>			
Name and address of facility	Name of accredited program	Full-time faculty member?	Term of contract (yrs)
<p>7. DENTAL EDUCATION:</p>			
Name and location of institution(s) attended	Period(s) of attendance (show exact inclusive dates)	Degree, Diploma granted and date	
		<input type="checkbox"/> D.D.Sc. <input type="checkbox"/> D.M.D. <input type="checkbox"/> D.D.S. <input type="checkbox"/> Other(specify) Date:_____	

8. POSTGRADUATE STUDY:

C. POSTGRADUATE STUDY:			
Name and location of institution(s) attended	Period(s) of attendance (show exact inclusive dates)	Name of Specialty Board	Are you a Diplomate? Eligible?

9. NATIONAL BOARD EXAM SCORES. Refer to the instructions for this item.

10. EXAMINATION INFORMATION:

Have you taken and failed the California licensure examination within five years of the date of this application?

☐ Yes ☐ No

11. CONTINUING EDUCATION. Provide copies of documents showing you have completed at least 50 units of continuing education within two years prior to the date of this application, including a course in basic life support approved by the American Red Cross or the American Heart Association. Retain originals for your files. See instructions also.

12. DISCIPLINARY ACTION

12a. Have you ever been charged with, or been found to have committed unprofessional conduct, incompetence, gross negligence, or repeated negligent acts or malpractice by any dental licensing board or any other agency? ☐ Yes ☐ No

12b. Has any disciplinary action ever been filed or taken, including but not limited to, informal or confidential discipline, consent orders or letters of warning regarding any healing arts license which you now hold or have ever held? ☐ Yes ☐ No

12c. Have you ever been denied a license, or permission to practice dentistry, or permission to take an examination in any state (including California), country, or U.S. Federal jurisdiction? ☐ Yes ☐ No

If Yes to any of the above questions, give details below and provide a copy of the action.

State	Date(s)	Charge(s)	Disposition

13. In lieu of discipline or with charges pending, have you ever voluntarily surrendered a license to practice dentistry in another state or country? ☐ Yes ☐ No

If Yes, give details below and provide a copy of the action.

State or Country	Date	Reason

14a. Do you have a permit to prescribe controlled substances from the Federal Drug Enforcement Agency (DEA)?

If Yes, enter DEA number _____

☐ Yes ☐ No

14b. Has permission to prescribe controlled substance from DEA been suspended, revoked or denied?

☐ Yes ☐ No

15. With the exception of traffic laws resulting in fines of \$300.00 or less, have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor, or felony in any state of the United States or in a foreign country?

☐ Yes ☐ No

Under the provisions of Penal Code Section 1203.4, applicants must report any convictions or pleas of nolo contendere irrespective of a subsequent order that expunges the criminal record.

Penal Code Section 1203.4 requires that applicants for licensure must report any conviction to any state or local licensing agency even if the conviction is dismissed. Applicants who answer "No" to the question, when there is a previous conviction or plea, may have their application denied for knowingly falsifying the application pursuant to section 480(c) of the Business and Professions Code. *If Yes, give details below:*

Violation and Location	Date	Disposition of Case

DECLARATION

I am the applicant for Licensure by Credential referred to in this application. I have carefully read the questions in the foregoing application and have answered them truthfully, fully, and completely. I hereby authorize educational and other institutions, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Dental Board of California any information, files or records requested by the Dental Board in connection with the processing of this application.

My signature on this application, or a copy thereof, authorizes the National Practitioner Data Bank and the Federal Drug Enforcement Agency to release any and all information required by the Dental Board of California.

I certify under penalty of perjury under the laws of the State of California that the foregoing and any Attachments hereto are true and correct.

Date

Signature of Applicant

NOTE: The Board requires two classifiable fingerprint cards (enclosed) or *Live Scan* fingerprinting. A license will not be issued until clearance has been received from the California Department of Justice and the Federal Bureau of Investigation.

An applicant, who signs this application when he/she is located outside of California, shall swear to the truth of the statements contained herein and on any attachments hereto, before a notary public or other person authorized by law to administer oaths.

Subscribed and sworn to before me on this

(Signature of Notary)

day of _____, 20_____.

(Address)

(Notary Seal)

My commission expires_____

(Date)

Use this page to complete any item(s) on the application for which you needed additional space; clearly identify the item number.

INFORMATION COLLECTION AND ACCESS

The information in this application is mandatory and is maintained by the Executive Officer in accordance with Business and Professions Code, Division 2, Chapter 4, Section 1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility for Licensure by Credential. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete.

Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code and Pub. L 94-455 (42 U.S.C.A. 405(c)(2)(C)) authorizes collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, or for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure.